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APPLICANTS ELLIS REINHERZ, LINCOLN, MA; LINDA CLAYTON, JAMICA PLAN, MA; TIMOTHY D. OCAIN, FRAMINGHAM, MA; RAYMOND J. PATCH, FRAMINGHAM, MA;				
** CONTINUING DATA ***** This application is a CON of 08/802,474 02/18/1997 ABN				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/12/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 52
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS 21005				
TITLE METHODS OF IDENTIFYING AGENTS WHICH ENHANCE CASPASE ACTIVITY				
FILING FEE RECEIVED 851	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	